

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55963

1. Entity Name
HIERS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90123 020 ***150.00

Principal Place of Business
**8537 MARLEE ROAD
JACKSONVILLE FL 32244**

Mailing Address
**8537 MARLEE ROAD
JACKSONVILLE FL 32244**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIERS, JEAN L.
8537 MARLEE RD
JACKSONVILLE FL 32244**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HIERS, JEAN L.	
STREET ADDRESS	8537 MARLEE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOUGE, BILLIE JEAN	
STREET ADDRESS	5654 GREEN FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIERS, DEBRA J	
STREET ADDRESS	7005 OLD MIDDLEBURG RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HIERS, KELLY	
STREET ADDRESS	8545 MARLEE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	George Billie Jean	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8553 Marlee Rd.	
STREET ADDRESS	Jacksonville FL 32244	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-2000 904-779-2829

CR2E034 (9/99)